

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Patent Application of
 Maurice Israel et al.

Application No.: 10/049,296

Filing Date: August 6, 2002

Title: PROCESS FOR IDENTIFYING MODULATING COMPOUNDS OF NEUROMEDIATORS

Group Art Unit: 1647

Examiner: Christopher J. Nichols

Confirmation No.: 9468

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☐ Terminal Disclaimer(s) and the ☐ \$65.00 (2814) ☐ \$130.00 (1814) fee per
 Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.

☒ Also enclosed is/are a **Substitute Specification (clean copy and marked-up copy)**.

☐ Small entity status is hereby claimed.

☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
☐ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) requests that any previously unentered after final amendments not be entered.
 Continued examination is requested based on the enclosed documents identified above.

☐ Applicant(s) previously submitted _____

 on _____
 for which continued examination is requested.

☐ Applicant(s) requests suspension of action by the Office until at least _____,
 which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R.
 § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also
 enclosed.

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	25	MINUS 20 =	5	x \$50.00 (1202) =	\$ 250.00
Independent Claims	1	MINUS 3 =	0	x \$200.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$360.00 (1203)					
Total Claim Amendment Fee					\$ 250.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 250.00

- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☒ Charge \$ 250.00 to Deposit Account No. 02-4800.
- ☐ Charge _____ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620

By



Christopher L. North, Ph.D.
Registration No. 50,433

Date: July 5, 2005